

Form (03-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY****In re Application of:**

Benjamin E. Reubinoff, et al.

**Application No.:**

09/970,543

**Filed:**

October 4, 2001

**Title:**

EMBRYONIC STEM CELLS AND NEURAL PROGENITOR CELLS DERIVED THEREFROM

**Attorney Docket No.:**

14418Z

**Art Unit.:**

1632

**Confirmation No.:**

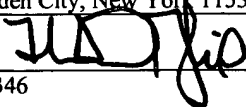
1839

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 C.F.R. 1.34:

Name	Registration Number
Xiaochun Zhu	56,311

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

<b>Name</b>	Frank S. DiGiglio Scully, Scott, Murphy & Presser 400 Garden City Plaza-STE 300 Garden City, New York 11530		
<b>Signature</b>		<b>Date</b>	April 18, 2005
<b>Registration Number</b>	31,346	<b>Telephone</b>	(516) 742-4343

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP 713.05 for more information. This sample form is not an OMB officially approved form.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*